

## 6.10 Eating

The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew, and swallow food.

0-6 mos	7-12 mos	13-18 mos	19-24 mos	25-36 mos	3-4 yrs	4-6 yrs	6-9 yrs	9-13 yrs	14-17 yrs	18 yrs +	<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
•	•	•	•	•	•	•					Receives tube feedings or TPN.
							•	•	•	•	Needs help with tube feedings or TPN. <input type="checkbox"/> A teen independently self-administers tube feedings. In this case, the screener would check “Receives tube feedings or TPN,” but not “receives help with” them.
•	•	•	•	•	•	•					Requires more than three hours per day for feeding or eating. <input checked="" type="checkbox"/> Can feed self but is so resistant or slow that the child is at risk of tube feedings to obtain adequate nutrition. <input type="checkbox"/> Toddlers who nibble all day long. <input type="checkbox"/> Children who are picky eaters or eat “junk food” all day. <input type="checkbox"/> Food preparation time for special diets.
•	•	•									Requires more than one hour per feeding. <input checked="" type="checkbox"/> Takes a great deal of time to feed orally (nurse or bottle fed). <input type="checkbox"/> Is tube fed.
					•	•	•	•	•	•	Needs to be fed. <input checked="" type="checkbox"/> Cannot feed self enough (orally) to obtain adequate nutrition. <input type="checkbox"/> Is tube fed. Instead, check “Receives tube feedings or TPN,” and, if true, “Needs help with tube feedings or TPN.” <input type="checkbox"/> Able to feed self but makes a mess or doesn’t use utensils so the parent prefers to feed child. <input type="checkbox"/> Able to feed self but parent prefers to feed the child.
					•	•	•	•	•	•	Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications. <input checked="" type="checkbox"/> Needs to be monitored for life-threatening choking incidents. <input checked="" type="checkbox"/> Has Prader-Willi Syndrome and all food access must be controlled. <input type="checkbox"/> Has current eating disorder requiring one-on-one monitoring at meals. <input type="checkbox"/> Avoids certain foods, gags or spits out foods due to oral sensitivities. <input type="checkbox"/> Parents/caregivers thicken liquids for the child and then they can be left to drink without one-on-one monitoring. <input type="checkbox"/> Has food cut into bite size pieces but does not require monitoring during the meal.

**EATING**